

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
STUDENT VERIFICATION FORM**

Case Number _____

Case Name _____

I hereby authorize the information concerning my education income and the amount of my educational expenses assessed by your institution be released to the Department of Human Resources. I understand this information is to be used in determining my household's eligibility for Food Assistance.

Student Signature

Name and address of Student

Name of School _____

1. Financial Assistance for Educational Expenses

DO NOT LIST TITLE IV OR BUREAU OF INDIAN AFFAIRS STUDENT ASSISTANCE EDUCATION INCOME

Source of Income	Period of Time Covered		Amount
	From	To	

Include any funds received from scholarships, educational grants, fellowships, deferred payment loans for education, veteran's educational benefits, and the like.

Are there any origination fees or private deferred repayment loans, grants or scholarships? ____Yes ____No. If so, indicate which ones. _____

2. . Is a high school diploma or its equivalency required for attendance at this institution, or for enrollment in the particular course of study being pursued by this student? _____Yes _____No

3. Expenses of Education

List the amounts in the sources of income shown in Section 1 which have been designated to cover the following expenses. (**Do Not** include any allowances or reimbursements for living expenses such as rent, clothing, food eaten at home, etc.)

Type of Expense	Period of Time Covered		Amount
	From	To	
Tuition			
Mandatory Fees			
Books			
Supplies (Including Uniforms & Lab Fees)			
Transportation			
Miscellaneous/Other			
Origination Fees and Insurance Premiums on Student Loans			
Dependent Care			

Signature of Authorized School Official

Title

Phone No.

Date

Form may be mailed to:

_____ County Food Assistance Program
